PURSUANT TO THE STANDING ORDER REGARDING IFP APPLICATIONS SIGNED DECEMBER 20, 2005:

Verification of income or the lack of income is required when requesting that a fee be waived. Please attach a copy of your most recent paycheck stub, W-2 form, most recent income tax form, proof of receipt of public assistance, etc. to this form. Pleadings must also be attached. The IFP application will be returned to the applicant if this information is not provided.

All IFP's expire one year after the judicial officer's signature. If a party requests services from Special Courts that have fees attached (i.e.: filing documents, providing copies, etc.) and the IFP on record was signed by a judicial officer over one year ago, the party must either pay the appropriate fee(s) or request another IFP.

Return completed forms to:

Ramsey County Domestic Abuse/Harassment Office Juvenile and Family Justice Center 25 W. 7th Street #122 St. Paul MN 55102

State of Minnesota			District Court	
County	Jı	udicial District:	Second	
Ramsey		Court File Number:		
		Case Type:		
Plaintiff/Petitioner	-	Affidavit for P	roceeding	
vs. In Forma Paupe			_	
		(Minn. Stat. § 563.01)		
Defendant/Respondent	_		,	
Detendant Respondent				
PURSUANT TO THE STANDING ORDER I 20, 2005, VERIFICATION OF INCOME OR THIS AFFIDAVIT. THIS APPLICATION V PROVIDED.	THE LA	CK OF INCOME MUST	BE ATTACHED TO	
1. I am a party in this action. I am a nat In good faith, I request a court order and myself and also pay or give secure.	waiving	court fees and costs. I car	-	
2. I believe that I have valid reasons for Complaint, Answer, Appeal or other	- '		ngs (the Petition,	
3. a. □ I am receiving public assistance und □ SSI and/or MSA (The Supple Assistance Programs); □ MFIP (Minnesota Family Inv □ Food Stamps; □ General Assistance or Discret □ Medical Assistance or Genera □ Energy Assistance; b. □ I am receiving public assistance und	estmental S estment tionary V al Assista	Program); Vork Program; ance Medical Assistance;	nesota Supplemental	
I have attached proof that I receive puagency). If you checked #3a. and receive signature line on page 2. If you checked to Question 4.	e help un	der one of the listed prog	grams, skip to the	
4. ☐ I am represented by attorney		on behalf	of	
	egal services program or			
program, based on indigency. If you				
5. My family size is (Incomplete dependents in your household.) For a Name	•		and (list all others):	
			· •	
		i .		

6. l		(before taxes and deductions) is \$	
	is less than 125% of the Federal Po	verty Line for my family size of	members.
If you 7.	My gross monthly income before t monthly income is \$	answer all of the rest of the questions axes and deductions is \$, and the source of that income is: □ or Spousal Support □Public Assistan	My net (take home) 1 Job
8.	net (take home) monthly income is ; OR, I do no	before taxes and deductions is \$, and the source of the st know my spouses' income because:OR	at income is
9.	All other family members and depen	dents living with me have net monthl	y income as follows:
Name	of person Age Net (ta	ke home) monthly income Source	e of that Income
10. 11.	I pay \$ per month in pay \$ per month in	n court-ordered child support and/or c n court-ordered spousal support.	ourt-ordered child care.
12.	I pay \$ per month f	for □ rent □ mortgage payment.	
13.	Real Estate (market value min Homestead: Other Real Estate:	e, year and equity value (market value min	s
14.	I am presently \$ in c	lebt, excluding car loans and real estate	e mortgage/loans.
15.	the family money is not available to yo situation):	st are (explain unusual medical expenses, pu, or other circumstances to help the Judg	ge understand your
Dated:			
Daica.		gnature (Sign only in front of notary publ	ic or court administrator)
Sworn/	affirmed before me this	Name:	
	_day of,	Address:	
		City/State/Zip:	
Notary	Public \ Deputy Court Administrator	Telephone: ()	

 $IFP102 \hspace{1.5cm} Second \hspace{1.5cm} ENG \hspace{1.5cm} Rev. \hspace{1mm} 12/05 \hspace{1.5cm} S:DA/Forms/Interview Process/IFP \hspace{1mm} Petition \hspace{1.5cm} Page \hspace{1mm} 1 \hspace{1mm} of \hspace{1mm} 3$